

## Virginia Conservation Police Department of Game and Inland Fisheries Physician's Affirmation as to a Person's Permanent Inability to Walk VCP- 410 ver. 2014.9





Prerequisite for permit to shoot from vehicle as allowed in § 29.1-521.3 Code of Virginia

TO: Commonwealth of Virginia, Conservation Police / Department of Game and Inland Fisheries

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PHYSICIAN'S AFFIDAVIT OF PATIENT'S PHYSICAL EXAM  Physician's Certification (To be completed by physician)								
Physician's Name	(please print	):						
Street or R.F.D. A	ddress:							
City:	y: State:				Zip Code:			
Briefly describe ap	plicant's c	lisability(s): (use	e additional	sheets if necessary)				
Physician's Staten	nent: It is r	my professional	opinion tha		(5.11)	(A E D		
				(Nar	me of Patient/	Applicant)		
is permanently uninability to walk dudevice, or wheelch	able to wa e to impa nair.) By si	red mobility witligning this state	hout the use	Patient's Contact Phone (impaired mobility ha e of or assistance from fy that the information licensed physician in	s been de m a brace,	fined as a p	osthetic	
		tana matram	ourrontly a	moonlood priyoloidir iii		(State)		
My professional or	ninion ie h	ased upon a ph	veical evam	nination of				
My professional opinion is based upon a physical examination of						(Name of Patient/Applicant)		
which I conducted	on the	day of				, 20		
x								
(Signature of Examining Physician)						(Date)		
PERMANENTL temporary disal	Y unable pilities or v	or which this cer to walk due to in with conditions the form may call the	tification is mpaired mo nat limit sta e Conserva	Certifying Physic required is legal only obility. It is not for issumina or physical endu- tion Police, Virginia D 04/367-0171.	for those puance to the large t	nose individ hysicians h	duals with aving any	
7870 Villa Park Drive, Suite 400, P.O. BOX 90778, Henrico, VA 23228-0778								

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